CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155177			LDING	NSTRUCTION 01	li i	E SURVEY PLETED 2011	
	PROVIDER OR SUPPLIER NSTER VILLAGE -	WEST LAFAYETTE	•	2741 N	DDRESS, CITY, STATE, ZIP COD SALISBURY ST .AFAYETTE, IN47906	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPF DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K0000	and State Licenconducted by the Department of accordance with Survey Date: In Facility Number Provider Number AIM Number: In Surveyor: Bridge Safety Code Spafety	h 42 CFR 483.70(a). 1/30/11 r: 000093 er: 155177 NA get Brown, Life ecialist ety Code survey, llage-West ound not in h Requirements for Medicare, 42 CFR 0(a), Life Safety he 2000 edition of re Protection FPA) 101, Life Safety d 410 IAC 16.2. was surveyed with isting Health Care llage-West	K	0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177	(X2) MU A. BUIL B. WING	DING	NSTRUCTION 01	(X3) DATE S COMPLI 11/30/20	ETED
	ROVIDER OR SUPPLIER	WEST LAFAYETTE		2741 N S	DDRESS, CITY, STATE, ZIP CODE SALISBURY ST AFAYETTE, IN47906		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE
	a one story builties of Type III (2). The facility was and has a fire a smoke detection resident rooms to the corridors. Pavillion was undemolition and was not survey the capacity for had a census of this survey. Quality Review by I Code Specialist-Med. The facility was compliance with aforementioned.	renovation and ed. The facility has r 89 residents and f 48 at the time of Robert Booher, Life Safety dical Surveyor on 12/05/11.					
K0011 SS=E	nonconforming bu fire barrier having resistance rating of required for the ad openings occur on protected by appro 19.1.1.4.1, 19.1.1. Based on obser	vation and	K0	011	K 0011Two layers of drywall installed behind the Courtyar		12/12/2011
	interview, the f	acility failed to			installed benind the Courtyar	u	

FORM CMS-2567(02-99) Previous Versions Obsolete

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177	LDING	NSTRUCTION 01	(X3) DATE COMPL 11/30/2	ETED
	PROVIDER OR SUPPLIER	WEST LAFAYETTE	STREET A 2741 N	DDRESS, CITY, STATE, ZIP CODE SALISBURY ST AFAYETTE, IN47906		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	separating hea assisted living the protection hour fire barrie practice could and 30 residen comprehensive. Findings included assed on obsermaintenance diat 1:30 p.m., a wall behind the kitchenette was accommodated the beauty sale assisted living change created the back wall of kitchenette and kitchenette stobeing built in the wall was visible the kitchenette been cut away, of one sheet of side of the sup did not meet the for a two hour	rvation with the irector on 11/30/11 section of the fire courtyard smoved to the renovation of on, a part of the occupancy. The la cavity between f the Courtyard d the firewall. A rage closet was he space. The fire where the back of wall and door had It was constructed drywall on one porting studs which he rating required fire wall. The irector said at the		Kitchenette in the closed spathat was under renovation. Will provide the required two-fire wall. All residents living in Courtyard had the potential that affected. The renovated close space will be checked each month as part of the building inspection Quality Managem Program. Any non-compliant concerns will be addressed with the Director of Maintenance. Courtyard Kitchenette closet space will be checked each month as part of the building inspection Quality Managem Program. The Director of Maintenance is responsible the ensuring compliance with NF 101 Life Safety Code Standard. Completion Date: 12/12/11	This nour the o be et ent ce with The	

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177	(X2) MULTIPLE CO A. BUILDING B. WING	01	(X3) DATE SURVEY COMPLETED 11/30/2011
	PROVIDER OR SUPPLIER	WEST LAFAYETTE	2741 N	ADDRESS, CITY, STATE, ZIP CODE SALISBURY ST LAFAYETTE, IN47906	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	unaware the wa rating requirem	all did not meet fire nents.			
	3.1-19(b)				
K0051 SS=F	according to NFPA Code, to provide eany part of the bui complete fire alarm alarm initiation, au extinguishing system patient sleeping provided that man 200 feet of nurse's located in the path written records of reliable second so Fire alarm system accordance with N maintenance are kis remote annuncing system to an appring 19.3.4, 9.6	ces or equipment is installed A 72, National Fire Alarm offective warning of fire in Iding. Activation of the masstem is by manual fire itomatic detection or emoperation. Pull stations areas may be omitted ual pull stations are within a stations. Pull stations are in of egress. Electronic or tests are available. A urce of power is provided. IFPA 72 and records of sept readily available. There ation of the fire alarm oved central station.	K0051	K 0051A smoke detector will	be 12/16/2011
	an area not cor was provided w smoke detection notification of a	acility failed to ire alarm panels in ntinuously occupied, vith automatic on to ensure a fire at the location be incapacitated by 2.10.1 requires	K0051	installed in the lower level about the alarm panel. The detector ensure notification of a fire in area. All residents had the potential to be affected. The smoke detector will be check as part of the quarterly fire system inspection. As part of Quality Management Program the smoke detector will be checked as part of the quarterly fire system inspection.	oove or will a that sed the m,

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155177		(X2) MU A. BUII B. WIN	LDING	NSTRUCTION 01	(X3) DATE (COMPL 11/30/2	ETED	
NAME OF F	PROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE SALISBURY ST		
WESTMI	NSTER VILLAGE -	WEST LAFAYETTE			AFAYETTE, IN47906		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	Fire Alarm Cod requires an aut detector be prolocation of eac unit which is not area continuous provide notificat that location. The area and continuous area continuous practice affects. Findings includes Based on obsermaintenance dat 2:10 p.m., the control panel (for the lower lease outside the material area not continuous the area was in supervised by a the maintenant at the time of continuous at the time of control panel (for the lower lease and continuous area not continuous area not continuous area not continuous area and continuous a	byided at the h fire alarm control of located in an asly occupied to ation of a fire in This deficient all occupants. He: The main fire alarm FACP) was located vel basement intenance office, an auously occupied. The director agreed observation, the incapacitated by			The Director of Maintenance responsible for ensuring compliance.Completion Date 12/16/11		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155177		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 11/30/2011		
	PROVIDER OR SUPPLIER	WEST LAFAYETTE		STREET A 2741 N	ADDRESS, CITY, STATE, ZIP CODE SALISBURY ST LAFAYETTE, IN47906		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
K0144 SS=F	exercised under lomonth in accordars 3.4.4.1. 1. Based on obinterview, the fensure 1 of 3 egenerators was remote manual requires emerging providing power lighting system tested and mai accordance with Standard for Erstandby Power 110, 1999 edit requires Level I have a remote of a type similar station located premises where is located outsing NFPA 37, Standard Installation and Combustion Entrubines, 1998 requires engine at the eremote location	pservation and acility failed to mergency equipped with a stop. LSC 7.9.2.3 ency generators or to emergency as shall be installed, intained in h NFPA 110, inergency and Systems. NFPA ion, 3–5.5.6 I installations shall manual stop station or to a break-glass elsewhere on the exthe prime mover de the building. It is a for the I Use of Stationary gines and Gas Edition, at 8–2.2(c) es of 100 more have nutting down the ingine and from a manual stop; affect staff, visitors, affect staff, visitors,	K	0144	K 0144 - 1The contractor wil install the remote manual sto the generator that services the Courtyard portion of the Heat Center. The generator was installed in 2003. All residents staff, and visitors in the Courare affected. As part of the Q Management Program, the remote manual stop will be checked during quarterly generator inspections. As part the Quality Management Program, the remote manual will be checked during quarterly generator inspections. As part the Quality Management Program, the remote manual will be checked during quarter inspections for all generators. The Director of Maintenance responsible for ensuring compliance with NFPA 110 at NFPA 37. Any non-compliant will be reported to the Quality Management Committee with immediate plan of correction. Completion Date: 12/30/11K 0144 - 2The annunciator alarm for the Courtyard generator will be relocated from the basement the wall across from the Courtyard Nursing Center with visual and audible signals warning when the generator operating. It will also warn sany malfunctions with the oil pressure, excessive water temperature, fuel level, failur start, and overspeed. This provide safety for Courtyard	op on he lith s, tyard uality rt of l stop erly s. is and nice y h an tto tth is taff of re to	12/30/2011

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155177		A. BUI	ILDING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 11/30/2011	
		.00	B. WIN		ADDRESS, CITY, STATE, ZIP CODE	
NAME OF F	PROVIDER OR SUPPLIEF				SALISBURY ST	
WESTMI	NSTER VILLAGE -	WEST LAFAYETTE			LAFAYETTE, IN47906	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG		LSC IDENTIFYING INFORMATION)	TAG	residents, staff, and visitors.	DATE
Courtyard. Findings include:					residents living in the Courty as well as staff and visitors the potential to be affected i annunciator alarm would no	vard nave f the
	 Based on interv	view on 11/30/11			heard immediately.The pane	el will
		ith the maintenance			be tested every week when	
	· ·	an observation of			generators are exercised ur load. Annunciator panels fo	
	_	generator serving			emergency generators will r	
		the generator was			located in an area that is no	t
	installed after 2	-			continually occupied.As part	of
					the Quality Management Program, the panel will be to	ested
	maintenance director said there was no remote emergency shut off				every week when the gener	
	for the emerge				are exercised under load. T	he
	Tor the emerge	ney generator.			Director of Maintenance is	
	3.1-19(b)				responsible for ensuring compliance with NFPA 99.D Completion: 12/23/11	ate of
	2. Based on ol	oservation and				
	interview, the f					
	ensure 1 of 1 e					
		ving the Courtyard				
	was provided v	- · ·				
	·	a location readily				
		perating personnel				
	l ' '	rk station such as a				
	_	. NFPA 99, Health				
		3-4.1.1.15 requires				
	·	nciator, storage				
		d, shall be provided				
	to operate outs	· ·				
	generating roo					
		ed by operating				
	personnel at a					
	_ =	nunciator shall				
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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155177			LDING	NSTRUCTION 01	i í	SURVEY LETED 2011		
	PROVIDER OR SUPPLIEI	I	STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN47906					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LISC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION S CROSS-REFERENCE TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
120	indicate alarm emergency or source as follo (a) Individual vindicate: 1. When the enauxiliary powe operating to so 2. When the bamalfunctioning (b) Individual vommon audiban engine-gencondition shall 1. Low lubricat 2. Low water to 3. Excessive work. Low fuel - work storage tank conditions and the storage tank conditions are sold to the storage tank conditions ar	conditions of the auxiliary power ws: isual signals shall nergency or r source is upply power to load. attery charger is g. isual signals plus a ple signal to warn of erator alarm indicate: ing oil pressure. Emperature. Then the main fuel contains less than a ring supply. Failed to start). The work station will periodically, an isual derangement riately labeled, shall at a continuously atton. This signal shall activate e conditions in and (b) occur but any these conditions		IAU				

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155177		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE A. BUILDING B. WING			
NAME OF P	ROVIDER OR SUPPLIER			T ADDRESS, CITY, STATE, ZIP CODE	
WESTMI	NSTER VILLAGE -	WEST LAFAYETTE		N SALISBURY ST ΓLAFAYETTE, IN47906	
(X4) ID PREFIX TAG	SUMMARY S' (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI TAG DEFICIENCY)		(X5) COMPLETION DATE
	practice could affect all the residents as well as visitors and staff.				
	Findings includ	le:			
	maintenance di at 3:15 p.m., the panel for emery which served the located in the leasement mechasement mechasement mechasement director agreed continuously of	gency generator # 2 ne Courtyard was ower level hanical room at the The maintenance I the area was not ccupied and the arm would not be			
K0147 SS=E	Code. 9.1.2	NFPA 70, National Electrical			
	Based on obse interview, the f		K0147	K 0147GFCI's (ground fault interrupters) will be installed Courtyard bathrooms.All res	in all

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	VT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177		LDING	NSTRUCTION 01	(X3) DATE COMPL 11/30/2	ETED
	PROVIDER OR SUPPLIER	WEST LAFAYETTE	p. (12)	2741 N	DDRESS, CITY, STATE, ZIP CODE SALISBURY ST AFAYETTE, IN47906	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	residents were (ground-fault of protection again NFPA 70, Articl Facilities, defining patient care are conditions while present. These fluids on the wet GFCI protection reduce the conthe body, and dis more subject deficient practiting residents in the Findings include Based on obsermaintenance distribution between 12:45 p.m., electrical bathrooms serving, 5, 9, 11 and	e include standing or or drenching of either of which imate to the patient 70, 517–20 Wet dires all receptacles oment within the location to have an electrical insulation to failure. This ce affects 10 e Courtyard. Let receptacles of electrical insulation to failure and 3:45 outlets in ving resident rooms 13 were located 18 alss. The outlets			rooms were checked. Thirte seventeen bathrooms were provided with a GFCI to prevelectric shock. As part of the Quality Management Program outlets will be tested each mas part of the Quality Management Program, all owill be tested each month as of the room inspections. The Director of Maintenance will responsible for ensuring compliance with NFPA 70, 517-20. Any non-compliance be reported to the Quality Management Committee with immediate plan of correction. Completion Date: 12/14/11	not vent m, all nonth ons. utlets spart e be e will h an	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV			SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	01	COMPL	ETED
		155177	B. WIN			11/30/2	011
			D. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				SALISBURY ST		
WESTMI	NSTER VILLAGE -	WEST LAFAYETTE	WEST LAFAYETTE, IN47906				
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
	(ground fault c	ircuit interrupter) to					
	prevent electric	shock. The					
	maintenance director checked						
	electrical panel	s for GFCI circuit					
	breakers at the						
	observation and						
	circuit breakers	s were round.					
	2.1.10/b)						
	3.1-19(b)						
K0000							
		1 B	K0000				
	=	ode Recertification	N	1000			
		sure Survey was					
	conducted by t	he Indiana State					
	Department of	Health in					
	accordance wit	h 42 CFR 483.70(a).					
	Survey Date: 11	1/30/11					
	Facility Number	r: 000093					
	Provider Numb						
	AIM Number: N						
	Surveyor: Brida	et Brown. Life					
	Surveyor: Bridget Brown, Life Safety Code Specialist						
	Jaiety Code 3pt	CCIAIISC					
	At this Life Safe	ety Code survey					
	At this Life Safety Code survey, Westminster Village-West						
	Lafayette was f	ound fiot in					

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155177		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING (X3) DATE SURVI COMPLETED 11/30/2011			ETED			
	PROVIDER OR SUPPLIER	WEST LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN47906					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	Participation in Medicare/Medi Subpart 483.70 from Fire and the National Fire Association (NFIAC 16.2. The surveyed with Health Care October 16.2. The Terrace was story building of Type III (211) of facility was full fire alarm system detection in the rooms and spacorridors. The Pavillion was undemolition and was not survey the capacity for had a census of this survey. The facility was compliance with aforementioned the surveyed the capacity for the facility was compliance with aforementioned the surveyed the capacity for the facility was compliance with aforementioned the surveyed the capacity for the facility was compliance with aforementioned the surveyed the capacity for the facility was compliance with aforementioned the surveyed the capacity for the facility was compliance with aforementioned the surveyed the capacity for the facility was compliance with aforementioned the surveyed the capacity for the facility was compliance with a	caid, 42 CFR (a), Life Safety he 2000 edition of re Protection FPA) 101 and 410 Terrace was Chapter 18, New cupancies. as located in the one determined to be of onstruction. The y sprinklered, has a em with smoke e corridors, resident ces open to the unoccupied indergoing renovation and ed. The facility has r 89 residents and f 48 at the time of						

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177	(X2) MULTIP A. BUILDING B. WING	ì	04	(X3) DATE COMPL 11/30/2	ETED
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE - WEST LAFAYETTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN47906				
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE
K0051 SS=F	according to NFPA warning of fire in a Activation of the coby manual fire alad detection, or exting Pull stations are local Electronic or writte available. A reliable is provided. Fire a maintained in acconstance are less remote annuncial system to an appropriate of the system to an area not consumption of the system	ces or equipment is installed a 72, to provide effective into part of the building. It is installed a fire alarm system is imminitiation, automatic guishing system operation. It is incated in the path of egress. It is records of tests are incords of tests are incords of tests are ordance with NFPA 72, in Code, and records of test readily available. There attend of the fire alarm oved central station. Invation and accility failed to incate alarm panels in attinuously occupied, with automatic in to ensure a fire at the location be incapacitated by 1.10.1 requires shall be in the NFPA 72, National incording the incapacitated by 1.10.1 requires shall be in the NFPA 72, National incording the incapacitated in an incording the fire alarm control incording to the fire alarm control incording the fire in the fire alarm control incording the fire in the fire in the fire alarm control incording the fire in the fire alarm control incording the fire in the fire alarm control incording the fire in the fire alarm control incording the fire in the fire alarm control in the fire in th	K0051		K 0051A smoke detector will installed in the lower level ab the alarm panel. The detector ensure notification of a fire in area. All residents had the potential to be affected. The smoke detector will be check as part of the quarterly fire system inspection. As part of Quality Management Programathe smoke detector will be checked as part of the quarterly fire system inspection. The Director of Maintenance responsible for ensuring compliance. Completion Date 12/16/11	ove or will that ed the m, on. is	12/16/2011

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Event ID:

BGKM21 Facility ID:

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION 04 A. BUILDING		(X3) DATE SURVEY COMPLETED		
		155177	B. WING		11/30/2011		
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE - WEST LAFAYETTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN47906				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE		
	practice affects	all occupants.					
	Findings includ	e:					
	at 2:10 p.m., the control panel (Foundament of the lower level) outside the material area not continuate area was not supervised by a The maintenant at the time of the control of the maintenant of the lower of the maintenant of the lower level of the lower l	rector on 11/30/11 ne main fire alarm FACP) was located vel basement intenance office, an uously occupied. ot electrically a smoke detector. ce director agreed observation, the incapacitated by					
K0147 SS=E	Electrical wiring ar accordance with N Code. 9.1.2	nd equipment is in IFPA 70, National Electrical					
	residents were (ground-fault of protection agai NFPA 70, Articl Facilities, defin		K0147	K 0147GFCI's (ground fault of interrupters) will be installed Courtyard bathrooms. All resistrooms were checked. Thirted seventeen bathrooms were not provided with a GFCI to prevelectric shock. As part of the Quality Management Program outlets will be tested each mas part of the Quality As part of the Quality	in all dent en of oot ent m, all onth		

		X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY		
		IDENTIFICATION NUMBER:		LDING	04	COMPLETED 11/30/2011		
		155177	B. WIN			11/30/2	U11	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
					SALISBURY ST			
WESTMI	NSTER VILLAGE -	WEST LAFAYETTE		WESTL	AFAYETTE, IN47906			
(X4) ID		FATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION	
TAG				TAG			DATE	
	conditions whil	•			Management Program, all or will be tested each month as			
	l -	e include standing			of the room inspections. The	•		
		oor or drenching of			Director of Maintenance will			
	the work area,	either of which			responsible for ensuring			
	condition is int	imate to the patient			compliance with NFPA 70, 517-20. Any non-compliance	النبيد		
	or staff. NFPA	70, 517-20 Wet			be reported to the Quality	C VVIII		
	Locations, requ	ires all receptacles			Management Committee wit	h an		
	and fixed equip	oment within the			immediate plan of			
	area of the wet	location to have			correction.Completion Date:			
	GFCI protection	n. Moisture can			12/14/11			
	· ·	tact resistance of						
		electrical insulation						
	· ·	to failure. This						
	deficient practi							
	residents on th							
	i residents on th	c refface.						
	Findings include:							
	. manigs melad							
	Based on obser	vation with the						
	maintenance director on 11/30/11							
	between 12:45							
	p.m., electrical	•						
	l ' '	ving resident rooms						
		were located 18						
		iks. The outlets						
	were not provid							
	_	ircuit interrupter) to						
	prevent electric							
	maintenance d							
	•	s for GFCI circuit						
	breakers at the							
	observation an							
	circuit breakers	s were found.						

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155177		(X2) MULTIPLE C	ONSTRUCTION 04	(X3) DATE SURVEY COMPLETED 11/30/2011	
	ROVIDER OR SUPPLIER		2741 N	ADDRESS, CITY, STATE, ZIP CODE SALISBURY ST	
(X4) ID		WEST LAFAYETTE TATEMENT OF DEFICIENCIES	WEST	LAFAYETTE, IN47906	(X5)
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	COMPLETION
	3.1-19(b)				